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MOTOR VEHICLE ACCIDENT PATIENT POLICY

IF YOU ARE INJURED IN A MOTOR VEHICLE ACCIDENT, WE MUST OBTAIN YOUR EXTENDED HEALTH CARE (PRIVATE INSURANCE) AMOUNTS FOR THE FOLLOWING:

PHYSIOTHERAPY COVERAGE AMOUNT: \$ _____

MASSAGE THERAPY COVERAGE AMOUNT: \$ _____

EXTENDED HEALTH CARE PROVIDER INFO:

SPOUSE/PARTNER INFO:

PROVIDER COMPANY NAME: _____ / _____

PLAN MEMBERS NAME: _____ / _____

GROUP #: _____ / _____

PLAN ID #: _____ / _____

MOTOR VEHICLE ACCIDENT INSURANCE INFORMATION

ACCIDENT DATE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PHONE#: _____

FAX#: _____

ADJUSTER'S NAME: _____

POLICY #: _____

CLAIM #: _____

- By law, you are required to use your entire extended health care benefits (physiotherapy and massage allowance) **before** your car insurance benefits can be used.
_____ Patient initial's
- Some extended health care insurance companies require a doctor's referral. Please make sure you have obtained both physiotherapy and massage therapy referrals.
_____ Patient initial's
- Once your extended health care has been maximized, Cooper Physiotherapy then submits the remainder of your bill to your motor vehicle insurance. Your recovery expenses should be totally

reimbursed between both insurance companies. **Only once your extended health care has reached its maximum allowance will Cooper Physiotherapy be permitted to bill your motor vehicle insurance directly.**

_____Patient initial's

- If you **do not** have any extended health care insurance, Cooper Physiotherapy will bill directly to your motor vehicle insurance.

_____Patient initial's

- All paper work required by your motor vehicle insurance should be completed as soon as you receive it. **If the paper work is not complete, the insurance company will reject payment and the patient will then be responsible for payment.**

_____Patient initial's

- Your extended health care provider will send a letter stating that your coverage for physiotherapy and/or massage therapy has been maximized. A copy of this letter must be included with the Cooper Physiotherapy paper work in order to bill your motor vehicle insurance directly. **All payments will be rejected without this letter.**

_____Patient initial's

- **If motor vehicle insurance decline your treatment plan, you will be responsible for all payments.**

_____Patient initial's

- NSF cheques will be charge a \$25.00 admin fee. Overdue accounts will be charged 3% interest per month.
- All missed appointments will be billed to the patient. This includes cancellations with less than 24 hours notice.

I HAVE REVIEWED THE ABOVE INFORMATION PROVIDED BY COOPER PHYSIOTHERAPY PROFESSIONAL CORPORATION AND AGREE TO FOLLOW THIS POLICY.

CONSENT OF PERSONAL INFORMATION

I understand that to provide me with physiotherapy and or massage therapy goods and services, Cooper Physiotherapy Professional Corporation will collect some personal information about me (e.g telephone numbers, address, date of birth, health history, OHIP number.)

I have reviewed Cooper Physiotherapy Professional Corporation's Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and have been answered to my satisfaction.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Cooper Physiotherapy Professional Corporation collecting, using and disclosing personal information about me as set out above and in the Cooper Physiotherapy Professional Corporation's Privacy Policy.

Patient Signature: _____ Print Name: _____

Date: _____